

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/593179

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2							
3							
4							
5							
6	1		1				
7							
8							
9							
10							
11	1		—				
12			—				
13			—				
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16			—				
17			—				
18			—				
19			—				
20	1		1				
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49							
50							
TOTAL IND.		↓	3	↓		↓	
TOTAL DEP.	←		8	←		←	
TOTAL CLAIMS			11				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.		↓					
TOTAL DEP.	←			↓			↓
TOTAL CLAIMS							